OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PDR

CHANGE NO. 109
OCHAMPUS 6010.49-M
February 24, 1998

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR OPERATIONS MANUAL

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.49-M, REISSUED JULY 1992:

PAGE CHANGE(S): **PART TWO:** **Chapter 20**

REMOVE AND INSERT PAGE(S): (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE IIMPLEMENTS THE TRICARE SENIOR PRIME OPTION. THIS CHANGE IS ISSUED IN CONJUNCTION WITH ADP MANUAL CHANGE NO. 67.

EFFECTIVE DATE AND IMPLEMENTATION: FEBRUARY 25, 1998.

Sheila H. Sparkman
Director, Program Development and Evaluation

ATTACHMENT(S): 105 PAGE(S)
DISTRIBUTION: 6010.49-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

Part Two

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Demonstration Project N

Medicare Subvention Demonstration Project

N. Medicare Subvention Demonstration Project

1. Purpose

a. *The Department of Defense (DoD) has entered into an agreement with the Health Care Financing Administration (HCFA) for a three-year demonstration project to run from January 1, 1998 through December 31, 2000, under which Medicare will reimburse DoD for care provided to Medicare-eligible beneficiaries of the Military Health System (MHS). As part of this agreement, selected Military Treatment Facilities (MTFs) with support from the Managed Care Support Contractor, integrated by their Lead Agent, will operate as Medicare At-risk Health Maintenance Organizations (HMOs), offering enrollment into TRICARE Prime to dually-eligible beneficiaries (beneficiaries who are eligible for care in the MTF and who are also eligible for Medicare). TRICARE Prime for dually-eligible beneficiaries shall be known as the TRICARE Senior Prime option. The goal of this demonstration is to test a cost-effective alternative for delivering accessible and quality care to dually-eligible beneficiaries that would not increase the total federal cost for either agency. The sites selected for this demonstration are identified in Figure 2-20-N-1, along with the projected timeline.*

b. *Enrollees will select a primary care manager (PCM) in the participating MTF. The MTFs will rely on the Managed Care Support Contractor for support in the following areas (as further defined in this modification):*

(1) *Health Care Finder (referral for services not available in the MTF),*

(2) *Health Care Services (specialty and Medicare covered services not available in the MTF),*

(3) *Eligibility and Enrollment,*

(4) *Utilization Management (to include case management and discharge planning),*

(5) *Claims Processing,*

(6) *Reporting Requirements,*

(7) *Marketing,*

(8) *Beneficiary Services, and*

(9) *Medical Peer Review.*

c. *The contractor shall also support the MTF in becoming qualified as a Medicare HMO and in preparing for and participating in the HCFA site visit. At a minimum, the contractor shall perform at least two (2) site visits with each participating MTF (one prior to the HCFA site visit and one during the HCFA site visit) wherein the contractor provides expert advice and assistance in Medicare managed care qualifications and operations. Assistance shall include at least 500 hours of consultation for each site except for the combined site in Region 6, which shall be a minimum of 1,000 hours of consultation shared by participating*

Region 6 MTFs. Consultative services shall commence not later than thirty (30) calendar days after the effective date of this contract modification.

d. *The contractor shall begin marketing and conduct an open enrollment period beginning sixty (60) days prior to the start of health care delivery.*

2. *Interface with Lead Agent/MTF*

The contractor shall meet with the Lead Agent and MTF to modify the existing memorandum of understanding (MOU) with the Lead Agent/MTF as appropriate to facilitate the requirements of this section. The MOU shall be executed within thirty (30) days of notification to proceed. The contractor, Lead Agents, and MTFs shall use this vehicle to reach agreement adding specificity to requirements for marketing, program identification cards, provider training, utilization management reporting, and other such support as provided for in this section. The contractor shall submit the modification to the MOU in its proposal responding to the requirements in this section.

NOTE:

Usual MOU procedures will apply for requirements contained in the contract. Tasks/requirements outside the provisions of the contract will be ordered by the Contracting Officer through issuance of a delivery order.

3. *Marketing*

a. *The enrollment form and marketing materials will be developed and printed centrally by DoD and include: TRICARE Senior Prime posters, informational brochure, the enrollment form, MTF provider information, and the TRICARE Senior Prime Coverage agreement. The point of contact for replenishing, correction, and updating these marketing materials is the DoD TRICARE Office of Communications and Customer Service. The contractor shall incorporate site-specific information into the generic materials provided. The contractor shall develop and provide to each enrollee (and others upon request) a TRICARE Senior Prime network provider directory that identifies all MTF and civilian network providers to whom an enrollee may be referred, including any provider added to the network specifically to support this demonstration, e.g., home health care agencies, skilled nursing facilities, etc. The contractor shall also provide to TRICARE Senior Prime enrollees all brochures and information available to other TRICARE Prime enrollees on the national mail order pharmacy benefit.*

b. *The contractor shall be responsible for the proposal and development of flyers to announce educational meetings including the number of flyers and how they will be distributed. Flyers shall be prepared and submitted to the Lead Agent for approval no later than forty-five (45) days prior to the start of enrollment. The flyer will be approved and returned to the contractor for printing and distribution no later than thirty (30) days prior to the start of enrollment. No later than fifteen (15) days prior to open enrollment, the contractor shall display the flyers and posters in prominent places announcing the advent of open enrollment.*

c. *The contractor shall implement public announcements of the advent of the TRICARE Senior Prime option at least fifteen (15) days prior to the beginning of educational meetings and open enrollment to ensure beneficiaries have knowledge of the program and scheduled meetings. Public announcements shall include, at a minimum, publication in local newspapers to cover the entire catchment area and shall be of sufficient*

presence to attract the attention of potential eligibles. In addition to any other proposed marketing program, the contractor shall advertise with a full page ad in the local newspapers on the Sunday prior to the start of marketing and open enrollment.

d. *The contractor shall support educational meetings starting thirty (30) days prior to and continuing through the enrollment period in each demonstration site to fully explain the demonstration, including information about limited enrollment capacity, program benefits, the impact of enrollment on an applicant's eligibility for other Medicare-covered services, Medicare "lock-out," implications of dropping Medicare supplemental insurance, and other MHS health care services. Educational meetings shall be concentrated during the first two weeks of the marketing and open enrollment period. The contractor shall propose the number of meetings to be held at each site, considering the number of Medicare-eligible beneficiaries in the area and the enrollment capacity of the MTF. The educational meetings shall be held on the military installations participating in the demonstration program, or at off-site locations mutually agreed upon by the contractor, Lead Agent, and the MTF Commander. In the event that capacity is reached prior to the end of the open enrollment period, the contractor shall widely publicize that capacity has been reached and that applications are no longer being accepted.*

e. *The contractor shall not release enrollment applications until the first day of open enrollment.*

4. *Eligibility/Enrollment*

a. *Eligibility*

(1) *A beneficiary must meet all of the following eligibility requirements. An eligible beneficiary:*

(a) *is age 65, or will attain age 65 on or prior to the first day of health care delivery [see also Section II.N.4.c. for instructions regarding "aging-in"],*

(b) *is eligible for care in the Military Health System,*

(c) *is entitled to Medicare Part A,*

(d) *is enrolled in Medicare Part B,*

(e) *lives within the MTF catchment area, and*

(f) *has received services as a dual eligible prior to December 31, 1997, or became eligible for Medicare, Part A on or after December 31, 1997.*

NOTE:

Prior eligibility for CHAMPUS is not a prerequisite for enrollment in TRICARE Senior Prime, i.e., dependent parents (or others) who are eligible for care in a Military Treatment Facility and who meet other eligibility requirements as identified above, are eligible for TRICARE Senior Prime.

EXCEPTION:

A beneficiary who has been diagnosed with end stage renal disease (ESRD) or who has elected the Hospice benefit is not eligible to enroll. (A beneficiary

who is diagnosed with ESRD or who elects the Hospice benefit while enrolled is eligible to remain in TRICARE Senior Prime.)

(2) *The demonstration area is defined as the counties and zip codes within the specified MTF catchment areas. Beneficiaries living outside of the catchment areas are not eligible to enroll, except for those beneficiaries who are eligible to "age-in" to the demonstration as defined in Section II.N.4.c. (Beneficiaries may not be disenrolled if changes in the zip codes by the Postal Service change their zip codes or place their zip code outside of the catchment area.)*

(3) *Under this demonstration, enrollees are not subject to an enrollment fee, but shall be subject to cost-shares in accordance with the attached matrix of benefits, which conform with the TRICARE Prime benefit package with several exceptions (e.g., skilled nursing facility (SNF) care, respite care). Cost-shares for SNF and respite care are the same as under Medicare Part A. (Figure 2-20-N-2). There is no catastrophic cap or deductible collected or credited for care received under this demonstration. Point of Service does not apply.*

b. *Enrollment Process*

(1) *The contractor shall establish an enrollment process that provides a fair and equitable opportunity for beneficiaries to obtain information about the TRICARE Senior Prime option and provides an opportunity for them to submit applications. This process shall include the following activities at a minimum:*

(a) *The contractor shall distribute enrollment packages at sites convenient to eligible beneficiaries, including at the educational meetings, the TRICARE Service Center, the MTF, and other sites as agreed upon by the contractor and MTF Commander/Lead Agent, no earlier than the first day of open enrollment. The contractor shall also mail enrollment packages to beneficiaries who request them by telephone.*

(b) *The contractor shall provide telephone lines and adequate numbers of trained staff at the TRICARE Service Center to review applications, provide assistance completing applications, provide applications by mail, if requested, schedule appointments and conduct face-to-face interviews, if requested by the beneficiary. The contractor shall meet all established contract requirements and performance standards for the TRICARE Service Center and telephone service unit.*

(2) *The contractor shall conduct an open enrollment season for at least thirty (30) days in the first year of the demonstration. A thirty (30) day open enrollment season in subsequent years shall be conducted by a subsequent contract modification upon direction from the Lead Agent, based on enrollment capacity at participating sites. However, enrollment status of the Medicare enrollee in TRICARE Senior Prime shall be continuous, with an indefinite end date entered into CHCS (MPC).*

(3) *Enrollment applications shall be accepted by mail only. The contractor shall date and time stamp all applications with the date and time of receipt. Applications are for individual enrollment only and shall be processed on a first come, first served basis. However, in households with more than one eligible beneficiary, the applications may be submitted and shall be processed together. If both applicants are eligible and there is space for one of the applicants, both shall be enrolled.*

(4) *The contractor shall, on a daily basis, compile a list of applications received that day. In order of receipt, the contractor shall verify all information in a face-to-face interview or by telephone contact (Medicare HMO/CMP Manual, 2001.5).*

(a) *The contractor shall make at least two attempts to make telephone contact within the first ten (10) working days after receipt of an application. In the event that telephone contact is not achieved, the contractor shall, within twelve (12) working days of receipt of an application, send a letter requesting that the applicant call to verify information on the enrollment form. Allowing three (3) days for mail delivery, the letter shall clearly inform the applicant that failure to respond within twenty (20) days will render their application inactive.*

(b) *Documentation of telephone contact or attempts to contact an applicant shall comply with current contract requirements. The purpose of the telephonic contact is to review the application with the potential enrollee, obtain additional information as necessary to complete the application, and determine the applicant's understanding of the program. If requested, an appointment for a face-to-face interview shall be scheduled within a reasonable time to permit the applicant to make a final decision regarding enrollment.*

(c) *If the contractor is unable to contact the applicant, either by telephone or mail, the application shall become inactive within thirty-five (35) days of receipt. The contractor shall retain a copy of the application and all relevant documentation for the file, return the remaining copies to the applicant with a letter explaining that enrollment has not been approved and the reason for disapproval.*

(d) *The contractor shall provide each applicant with a copy of his/her completed, signed, and dated application (Medicare HMO/CMP Manual 2001.6).*

(5) *The contractor shall verify eligibility as defined in Eligibility/Enrollment (see Section II.N.4. of this section), to include those applicants who will be placed on the waiting list, via:*

(a) *An inquiry of the Defense Enrollment Eligibility Reporting System (DEERS) through the Medicare Processing Center as defined in Section II.N.6. Interface with HCFA to verify eligibility for the MHS, the applicant's age, address, and zip code.*

(b) *Presence of a photocopy of the applicant's Medicare card attached to the enrollment form retained at the TSC,*

(c) *Self-declaration on the enrollment form of use of the MTF as a dual-eligible.*

(6) *An application may be pended for up to thirty-five (35) days from the day of receipt for the following reasons:*

(a) *The contractor's inability to reach an applicant by telephone as required under Section II.N.4.b.(4)(b) above, and*

(b) *A discrepancy between DEERS and an applicant's assertion that he/she is eligible for care in the MHS. In this case, the applicant shall be given an opportunity to correct DEERS.*

(7) *If the contractor discovers a discrepancy between an applicant's stated address on the enrollment form and other systems (i.e., HCFA, DEERS), the contractor shall inform the applicant that the address should be corrected.*

(8) *The contractor shall produce the enrollee identification cards in the same style and medium as that provided to TRICARE Prime enrollees.*

(9) *The contractor shall provide the enrollee with written notification of the enrollment effective date, an enrollment card, and applicable enrollment materials as discussed in Section II.N.3. Refer to Section II.N.6., below, for instructions on enrollment confirmation with HCFA and procedures for establishing enrollment dates. All materials shall be mailed to ensure receipt by the beneficiary at a minimum of two (2) working days prior to the enrollment effective date.*

(10) *Annual open enrollment periods may be exercised at the option of the Government by subsequent modification. The contractor shall consult with the MTF/Lead Agent ninety (90) days prior to the end of each enrollment year regarding the necessity for an open enrollment period.*

(11) *Upon reaching enrollment capacity, the MPC will establish and maintain a wait list of eligible applicants at the level established by the participating site and monitor enrollment levels. The MPC will notify the contractor as part of the monthly reporting requirement regarding available spaces. When space is available, the contractor shall offer applicants on the wait list an opportunity to enroll and shall verify all information on the original enrollment form to ensure its continuing accuracy.*

(12) *The contractor shall contact applicants who are eligible to be placed on the waiting list to determine their preference. The contractor shall maintain all applications open until such time as enrollment and wait list capacity is reached. Once capacity is reached, the contractor shall notify all unsuccessful applicants using the letter developed for that purpose in Figure 2-20-N-3.*

c. *Aging In*

(1) *Notwithstanding capacity limits, enrollees in TRICARE Prime who are assigned to a primary care manager at a participating MTF, attain age 65, meet other eligibility requirements (except that if a TRICARE Prime enrollee meets all eligibility requirements except residence in the service area, such enrollee may "age-in" to TRICARE Senior Prime upon signing a waiver of access standards), and, desire to enroll in TRICARE Senior Prime shall be enrolled.*

(2) *In this case, the MTF shall provide information to the contractor on Primary Care Managers with panel openings for selection by the enrollee. As detailed in Section II.N.6., the MPC will track TRICARE Prime enrollees, and 150 days prior to the TRICARE Prime enrollee reaching age 65, shall notify the contractor. The contractor shall, 120 days prior to the enrollee reaching age 65, provide information to the enrollee regarding TRICARE Senior Prime and their opportunity to enroll. Enrollment data for a beneficiary aging-*

in to the TRICARE Senior Prime option must be submitted to HCFA not later than thirty (30) days prior, to the individual becoming eligible for Medicare.

(3) *During initial open enrollment, any TRICARE Prime enrollee with a PCM at the MTF health care delivery site who won't be 65 until after the open enrollment period, but who will be 65 on the day health care delivery begins, shall be offered enrollment on an "aging-in" basis.*

5. *Health Promotion/Clinical Preventive Services*

a. *The contractor shall provide the Health Evaluation Assessment Review (HEAR) to each enrollee at the time the TRICARE Senior Prime identification card is provided (except for TRICARE Prime enrollees aging-in to TRICARE Senior Prime). An applicant's failure to return the survey does not affect his or her enrollment in TRICARE Senior Prime. The contractor shall follow up on unanswered surveys within sixty (60) days with at least one (1) written or one (1) telephonic contact. If follow-up attempts are not successful in obtaining a response, the contractor shall document that instance for the record. Such documentation shall be assessable for monitoring purposes.*

b. *The contractor shall provide enrollee HEAR data survey result reports to the enrollee and the MTF within fifteen (15) days of receipt of the HEAR. Reporting of this information is on-going to the extent that surveys continue to be received from enrollees. Enrollees' HEAR data shall be provided to the government in an electronic medium in a form that can be manipulated by the government.*

c. *The contractor shall include TRICARE Senior Prime enrollees in all on-going requirements for HEAR surveys as are specified in the MCS Regional TRICARE Contract.*

d. *The contractor shall also provide each enrollee with an age appropriate self-intervention manual (see Figure 2-20-N-4 for an example of a suitable manual) and Health Care Information Line pamphlet, explaining the 24-hour nurse line at the time (but not necessarily in the same mailing), as the Coverage Agreement, and TRICARE Senior Prime identification card is provided. The contractor shall ensure that the TRICARE Senior Prime enrollees receive all other health promotion materials and have access to activities available to TRICARE Prime enrollees, as detailed in the TRICARE contract.*

6. *Interface with HCFA - Medicare Processing Center (MPC)*

a. *The MPC is a front end processor that the contractor shall use for all communications with HCFA. The MPC simplifies communication and improves data quality for all demonstration participants. For HCFA, the MPC is an experienced processor and user of all required systems. The MPC has the ability with their existing communications infrastructure and access to perform required processes without involving multiple processors. The MPC will gather data from the MCSCs, DEERS, and CEIS; perform data manipulation as necessary and provide a single feed to HCFA. For DoD, the MPC will feed needed Medicare data to the MCSCs, DEERS and CEIS. The MPC also processes reconciliations of enrollment and encounter data to insure that HCFA and DoD are in sync, a requirement for demonstration audit and validation. For the MCSCs the MPC provides a single on-line eligibility verification and enrollment system. Figure 2-20-N-5 provides charts showing the data flow.*

b. *The contractor shall participate in planning meetings with the government and MPC personnel. These meetings will define details of data exchange, on-line entry, and other issues to support this demonstration. The contractor shall travel to a central site for two meetings of approximately three (3) days duration. The contractor shall pay their own travel and per diem. The meeting support costs will be borne by the MPC.*

c. *The MPC will provide the contractor with training at the contractor designated site. The contractor shall provide the space and workstations sufficient for their personnel to be trained. Training should take approximately three (3) days. Two shifts of 2 ½ days each will be provided if necessary.*

d. *The contractor shall conduct application processing on the MPC system. The contractor gains access through the MPC provided dial-up access, or through a dedicated line. MPC provides the data line if the contractor is processing applications from a central site. All equipment at the contractor end is the responsibility of the contractor. The contractor shall contact Duane Goodno, OSD, HA, at (703)695-3331 with any systems questions. DEERS access is imbedded into the MPC system. The MPC also maintains the most current Medicare eligibility status data; i.e., ESRD, Part B, MSP Working Aged, Hospice, State Buy-In, etc., on those MHS eligibles identified as residing in the service area. When the contractor conducts the DEERS eligibility check through the MPC, the system populates the enrollment screen with information from DEERS and HCFA as available, thus simplifying the entry process.*

e. *Completed applications received by the contractor by the 25th of the month shall be entered into the MPC system by the close of business on the second workday of the following month.*

f. *The MPC will provide the contractor with a monthly transaction report that notifies the contractor of enrollment confirmations and errors. The monthly report will also provide the contractor with all other eligibility and enrollment changes.*

g. *Following receipt of the monthly transaction report from the MPC, the contractor shall provide the enrollee with written notification of the enrollment effective date, enrollment card and applicable enrollment materials. All materials shall be mailed to ensure receipt by the beneficiary at a minimum of two (2) work days prior to the enrollment effective date. With the same mailing and where required by their contract, the contractor shall also provide the beneficiary with the Health Evaluation Assessment Record form and the self intervention manual; however, an applicant's failure to return the survey does not affect their enrollment in the demonstration project. The contractor shall not enroll a beneficiary until confirmation of the applicant's enrollment has been received. The contractor shall enter the enrollment into their internal system and into CHCS.*

h. *The contractor shall enter the alternate care code of "D" into DEERS via CHCS/MPC to identify the beneficiary as a Medicare Demonstration enrollee. The contractor shall verify the enrollment action entered in both DEERS and CHCS/MPC is correctly reflected on both systems within one (1) working day following the initial entry of the information into CHCS/MPC and DEERS.*

i. *The MPC will provide the contractor with activity, error, and other reports that require the contractor to process changes regarding enrollment data bases (contractor, CHCS/MPC and DEERS) to reflect all changes within twenty-one (21) calendar days of receipt of the report.*

7. Retroactive Enrollment

Retroactive enrollments shall be processed only in the event that enrollment was denied because an error or technical problem in the HCFA system resulted in the provision of inaccurate beneficiary information. Such applicants shall be enrolled regardless of capacity limits.

8. Records Retention

a. *The contractor shall ensure that all enrollment and disenrollment forms are signed and dated. All applications shall be filed alphabetically and segregated between those that were approved and those that were denied. Files for applications that were denied shall contain all supporting documentation regarding the rationale for the denial. For all enrollment applications, all associated development, letters to beneficiaries, confirmation or denial notifications from HCFA, annotations of the mailing date of the enrollment card and associated enrollment materials, etc., shall be maintained with the enrollment application. The contractor shall retain all enrollment applications while the beneficiary is enrolled in TRICARE Senior Prime and for one (1) year after disenrollment. The contractor may retain enrollment/disenrollment forms, and other documentation identified above, either in hard copy, readable microfilm, or electronic media/CD, as long as these versions of storage are readily available for review and the signature and the date on the forms are clearly readable. After one (1) year from disenrollment, the contractor shall follow the records management requirements in the OPM Part One, Chapter 2.*

b. *The contractor shall retain on active files all reconciliation data received from HCFA for one (1) year from the date of receipt and then follow the procedures in the OPM Part One, Chapter 2 for records retention. The contractor shall propose the site at which all documentation will be retained.*

9. Disenrollment

a. *An enrollee may be involuntarily disenrolled for:*

(1) Failure to Maintain Medicare Part B

Upon notification by HCFA that an enrollee is no longer eligible for enrollment, the contractor shall disenroll the enrollee on the date specified by HCFA. The contractor shall notify the enrollee and the MTF Commander within two (2) working days of notification from HCFA.

(2) Failure to Comply with Requirements of TRICARE Senior Prime, or for Disruptive or Abusive Behavior

The contractor shall involuntarily disenroll an enrollee only upon final notification of such a determination by the MTF Commander. Within two (2) working days of receipt of such notice, the contractor shall notify the affected beneficiary by certified mail of the disenrollment (see Figure 2-20-N-6). Involuntary disenrollment shall be effective on the first day of the first month following the date of the mailing of the notification by the contractor. An enrollee may NOT be disenrolled for exercising his/or her option to make treatment decisions with which TRICARE Senior Prime disagrees.

(3) *Moving Outside of the Approved Service Area for More than Ninety (90) Consecutive Days*

In the event that an enrollee is identified as being outside of the service area for more than ninety (90) consecutive days, the contractor shall notify the MTF Commander. The contractor shall involuntarily disenroll the enrollee only upon final notification of such a determination by the MTF Commander. Within two (2) working days of receipt of such notice, the contractor shall notify the affected beneficiary by certified mail of the disenrollment. Involuntary disenrollment shall be effective on the first day of the first month following the date of the mailing of the notification by the contractor.

b. *An enrollee may disenroll at any time by submitting a written request. The contractor shall acknowledge receipt of the disenrollment request and include a copy of the enrollee's request. Within two (2) working days of receipt of the request, the contractor shall update CHCS/MPC and its own internal system. The contractor shall process voluntary disenrollments in accordance with the HCFA HMO/CMP Manual, Section 2004.8).*

c. *An enrollee who disenrolls or is disenrolled involuntarily may request reenrollment at any time. If space is not available, the applicant shall be placed at the end of the wait list.*

10. *Access to Network Providers*

a. *The same access standards for network services in place for TRICARE Prime shall apply under this demonstration.*

b. *The contractor shall, in consultation with the Lead Agent and MTFs (and the enclosed attachment), develop a network of providers to augment the health care services available in the MTF. The contractor shall ensure that the network includes a sufficient number and mix of providers that, in conjunction with the MTF providers, assures appropriate services are available for the population enrolled. In addition, the contractor shall provide, not later than 30 days from the effective date of this modification, the following: a copy of each executed contract between the health plan(s) and medical group(s) and IPA(s). If there are multiple groups or IPAs, and the agreement forms are the same for each, submit a specimen copy only and all executed signature pages. If there are more than 15 signature pages, you may list the providers who have signed the contracts with the dates of execution. For provider contracts and agreements other than Plan Group(s) or IPA(s), include specimen copies of each category of provider. From each specimen agreement, include a list of providers who have signed the contracts with the dates of execution. The contractor shall ensure that network providers agree to accept referrals for enrollees and to provide clinical feedback to the MTF for care provided to an enrollee consistent with existing practices for TRICARE Prime. The contractor shall demonstrate establishment of the network by letters of intent from potential network providers at the time of the HCFA site visit and by signed contracts/network provider agreements from network providers by the time of health care delivery.*

c. *The Primary Care Manager (PCM) for enrollees in TRICARE Senior Prime shall always be an MTF provider. For services not available within the MTF, the same referral and authorization process under TRICARE Prime shall be utilized, except that any referrals to non-network providers found to be medically necessary and appropriate shall be referred to the MTF Commander or designee prior to authorization. The MTF Commander will provide a response within one (1) working day.*